



## Modalities of Communication Form

*This form is to be used by project participants in order to submit the statement of Modalities of Communication.*

<b>Date of submission</b>		02/12/2011		
<b>Section 1: Project Details</b>				
<b>1. Title of the CDM project activity</b>		HITECH CDM CPP		
<b>2. Please state project ID Number if available</b>		1693		
<b>Section 2: Nomination of Focal Point</b>				
<b>3. Details of the entity/ies nominated as focal point</b>				
<p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul>				
<b>Name of the entity:</b> M/s Indus Technical & Financial Consultant Limited				
<b>This entity is nominated as focal point for:</b>		<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>		<b>X</b>		
<b>(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.</b>		<b>X</b>		
<b>(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project</b>		<b>X</b>		
<b>Contact details (primary authorized signatory):</b>		Mr.		
Last name: Singhanian		Telephone:		
First name: Lalit Kumar		Fax:		
Email:		Address:		
Specimen signature:				
<b>Contact details (alternate authorized signatory):</b>				
Last name:		Telephone:		
First name:		Fax:		
Email:		Address:		
Specimen signature:				